Review Article:

Tips and Pearls in Chronic Subdural Hematoma

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ABSTRACT

Background and Aim: One of the most prevalent neurosurgery conditions is chronic subdural hematoma (CSDH). Among neurosurgeons, there are various CSDH treatment approaches.

Methods and Materials: This narrative review was performed on various aspects of the CSDH using related articles extracted from different databases.

Results: CSDH may present with various clinical presentations. Medical symptoms range from general and moderate symptoms (such as headache, tiredness) to severe symptoms (e.g., hemiparesis, coma). A definite trauma history may be obtained in most cases. Contrast-enhanced CT or MRI may help diagnosis. The treatment choice for uncomplicated CSDH is Burr-hole therapy. The use of drainage to decrease recurrence rates has been shown to have limited outcomes in most recent studies. Craniotomy is also used for treatment. Only asymptomatic or high operative risk patients are subjected to non-surgical management.

Conclusion: Management of CSDH is still contentious. It is widely agreed that if neurological signs and radiological observations are present CSDH should be evacuated. Burr-hole craniotomy appears to be the preferred surgical technique because, in most patients, it gives the best treatment outcomes. Several issues are still uncertain, including the proper surgical technique (Burr-hole craniotomy (BHC) versus Twist drill craniostomy (TDC) and craniotomy), the advantage of two perforated holes over one, the location of drainage, the impact of irrigation of the hematoma, and the duration of postoperative immobilization.

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